FORM

AMENDED ALASKA CORPORATION NET INCOME TAX RETURN

04-611X				DEPARTI	MENTUSEC	NLY
						•
Federal EIN	EIN used or	n original return, if different	For the tax year ended:			
Name	1			Telephone Numb	er	
Mailing Address				Fax Number		
City	State		Zip Code			
Contact Person	Title			Contact Telepho	phone Number	
Name used on original return, if different fro		Is the corporation curreby the Alaska Department		YES	NO	
lote: Complete Part III only to carry	back net opera	ating losses and net o	capital losses			
PART I. ALASKA TAX S	SUMMARY	(a) As originally reported or as adjusted	(b) Net change (Explain in Part II)	(c) Correct amount		RTMENT ONLY
1. Apportionable income						
2. Alaska apportionment factor						
Alaska apportioned income						
4. Non-business income (loss)						
5. Alaska Items						
6. Alaska Income (Total of lines 3, 4,	,					
 Alaska net operating loss deduction Alaska Taxable Income 						
Alaska Income Tax						
Other Taxes						
Federal-based credits						
2. Total Tax (Total of lines 9, 10, 11)						
3. Incentive Credits						
4. Alaska Education Credit						
5. Net Alaska income tax. (Total of line	s 12, 13, 14)					
6. Net payments. (Total previous payn	nents less total pro	evious refunds, credits,	penalties and interest)			
7. (a) If tax on line 12, column (c) is la	rger than net paym	nents on line 13, enter ta	ax due			
(b) Interest on amount on line 14(a)	from//					
(See instructions for interest rate	es)					
(c) Total amount due				_		
8. If prepayments on line 16 are larger	than tax on line 1	5, column (c), enter ove	rpayment			
ADDITIONAL REQUIRED INFORMAT	ION. A complete co	py of the federal amended	return, if filed, must be prov	rided to constitute a co	omplete amen	ded return.
I declare, under penalties of perjury, that an accompanying schedules and statements, a If prepared by a person other than the taxpa	nd to the best of my	knowledge and belief this	amended return is true, cor	rect, and complete.	DEPTUS	SE ONLY
Officer's	Date	Title		•	1 22	CFW
Signature						DEE:
Preparer's Date Signature		Check if self-employ	Check if self-employed Preparer's S			REFUN
Firm's name (or		EIN				APPROVE
yours if self-employed) — — — — —						DAT
and address		Zip Code	DEPT USE ONLY			

Validation Number:

PART III. APPLICATION FOR T	ENTAT	VE RE	FUND	BASED ON	N CARRYBACK	OF NET OPERA	TING LO	OSS OR C	APITAL LOSS	
Name			Federal	IEIN	Telepho	Telephone Number				
Mailing Address						Fax Nu	mber			
City	City State			Zip Code			E-Mail Address			
Contact Person	Title				Cor			Contact Telephone Number		
Name used on original return, if different from above				Is the corporation currently under by the Alaska Department of Re						
This application is to carry back:		operating]			
0	b. Net capital loss									
2. Loss year	. lax	Year end	ded							
		FSN:			FSN:		FSN:			
					es The Follow					
Computation of Decrease	20		eding tax a)	year (b)	2nd preceding (c)	tax year (d)	1st preceding tax year (f)		x year (f)	
Computation of Decrease in Tax		Be	fore yback	After Carryback	Before	After Carryback	Be	fore yback	After Carryback	
Taxable income from tax return				•					•	
Net capital loss deduction										
5. Subtract line 4 from line 3										
6. Net operating loss deduction after carry										
7. Taxable income. Subtract line 6 from line 5										
8. Income Tax										
9. Credits										
10. Other taxes										
11. Net income tax. Subtract line 9 from line 8 and add line 10										
12. Net payments. (Total previous payments										
less total previous refunds, credits, pen										
and interest)										
13. Enter amounts from line 11, columns (b).										
(d) and (f)										
14. Net Overpayment. Subtract line 13 from										
15. Total refund claimed										
I declare, under penalties of perjury, that I h										
and to the best of my knowledge and belief it preparer's declaration is based on all inform					by a person oth	er than the taxp	oayer,	DEPT	USEONLY	
Officer's Signature	Date		Title	Title					CFWD	
Preparer's Date Signature			Check if self-employed Prepare		Prepare	parer's SSN or PTIN		REFUND		
					4					
Firm's name (or yours if self-employed) and address			EIN					APPROVED		
			Zip (Zip Code				DATE		
			1		DEPT USE					

Form 04-611N (Rev 11/00)